## Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

|  |           |    |     |   |   | 1        | 1  |                        |            |            |  |
|--|-----------|----|-----|---|---|----------|--|------------------------|------------|------------|--|
| Establishment Name<br>BEARNO'S NEW ALBANY                        |           |    |     |   |   |          | Telephone Number   | Date of<br>Inspection  |            | ID#        |  |
| Address 3002 CHARLESTOWN CROSSING WAY, NEW ALBANY                |           |    |     |   |   |          | Est 812-949-7914 Own 812-989-4469                        |                        | 07/09/2021 |            |  |
| Owner  |           |    |     |   |   | Purpose  |  | Follow Up              |            | Released   |  |
| KIRK JOHNSON   |           |    |     |   |   |          | X Routine  | 07/16/2021             |            | 07/19/2021 |  |
| Owner's Address<br>2006 COTE DE CHAMBORD FLOYDS KNOBS, IN 47119- |           |    |     |   |   |          | Follow-up<br>Complaint                                   |                        |            |            |  |
| Person in Charge<br>BRITTANY BLOCKER/KIRK JOHNSON                |           |    |     |   |   |          | Pre-Operational  |                        |            |            |  |
| Responsible Person's Email                                       |           |    |     |   |   |          | TemporaryHACCP   | Menu Type 1 2 _X 3 4 5 |            |            |  |
| Certified Food Handler GEORGE SMITH ERIC SCHULTZ                 |           |    |     |   |   |          | Other (list)   |                        |            |            |  |
|  |           |    |     | AND NARRATIVE COLUMN<br>NS ARE DENOTED IN THE   | NS MARKED "C"<br>"SUMMARY OF VIOLATIONS" AND I          | N THE NA | ARRAIVE COLUMN MARKED AS "R"                             |                        |            |            |  |
| Section #  | C         | NC | R   | Narrative   |   |          |  | Т                      | o Be C     | orrected   |  |
| 188  | X         |    | X   |   | ara in hot holding well to<br>s; will follow up on code | Т        | TODAY  |                        |            |            |  |
| 191  | Х         |    |     | Observed lasagna and cottage cheese to have no datemarks in reach in TODAY cooler.  |   |          |  |                        |            |            |  |
| 295  | Х         |    |     | Observed can opener spike to be dirty.  TODAY   |   |          |  |                        |            |            |  |
| 214  |           | Χ  |     | Observed both cutting boards at the reach in coolers in need of being ON  |   |          |  |                        |            | EEK        |  |
| 234  |           | Х  |     | resurfaced or rep<br>Observed cup be<br>and have a hand   | eing used as a scoop in fl                              | Т        | TODAY  |                        |            |            |  |
| 243  |           | X  |     | Observed boxes of single serve pasta bowls and small plates on the floor of TODAY the office. Observed a few single serve pizza boxes on the floor in the |   |          |  |                        |            |            |  |
| 256  |           | Х  | Х   | kitchen. Observed no the  | ermometers for the reach                                | in free  | freezers. TODAY  |                        |            |            |  |
| 310  |           | X  | ^   |   |   |          | ing unit in the walk in cool                             |                        | ODAY       |            |  |
| 324  |           | Χ  |     |   | f the walk in cooler.                                   |          | NE WI  |                        |            |            |  |
| 431  |           |    |     |   |   |          |  |                        |            |            |  |
|  |           |    |     |   |   |          |  |                        |            |            |  |
|  |           |    |     |   |   |          |  |                        |            |            |  |
| Summary of V   | iolations | (  | C _ | 3 NC  | 7 R <u>3</u>  |          |  |                        |            |            |  |
| Received by (name and title printed): KIRK JOHNSON               |           |    |     |   |   |          | Inspected by (name and title printed): Christa Manus EHS |                        |            |            |  |
| Received by (signature):   |           |    |     |   |   |          | Inspected by (signature):                                |                        |            |            |  |
|  |           |    |     |   | Т   |          | Coma JIVan   |                        |            |            |  |
| cc:  |           |    |     |   | cc:   |          |  | cc:                    |            |            |  |